

FEE TRANSMITTAL

for FY 2005

Patent fees are subject to annual revision.
Effective December 8, 2004

JUN 22 2005

TOTAL AMOUNT OF PAYMENT (\$620)

Complete if Known

Application Number	10/603,279
Confirmation Number	4437
Filing Date	June 25, 2003
First Named Inventor	Lee Michael Teras, et al.
Examiner Name	Keith D. Henricks
Art Unit	1761
Attorney Docket No.	9286L

METHOD OF PAYMENT

1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:

Deposit Account Number: 16-2480

Deposit Account Name: The Procter & Gamble Company

FEE CALCULATION

2. BASIC FILING FEE - Large Entity

FILING	SEARCH	EXAMINATION
Fee	Fee	Fee

<u>Application</u>			<u>Fee Paid</u>
Type	FEE	FEE	FEE
Utility	(\$300)	(\$500)	(\$200)
			(Total = \$1000) <input type="checkbox"/>
Design	(\$200)	(\$100)	(\$130)
			(Total = \$430) <input type="checkbox"/>
Reissue	(\$300)	(\$500)	(\$600)
			(Total = \$1400) <input type="checkbox"/>
Provisional filing fee			(Total = \$200) <input type="checkbox"/>

3. APPLICATION SIZE FEE:

Sheets of Spec and Drawings

(\$250 for each 50 sheets in excess of 100, except for sequence and program listings)

SUBTOTAL (2)+(3) (\$0)

4. EXTRA CLAIM FEES FOR UTILITY AND REISSUE:

	Extra Claims	Fee from Below	Fee Paid
Total Claims	<input type="checkbox"/> - 20** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>		
Independent Claims	<input type="checkbox"/> - 3** = <input type="checkbox"/> x <input type="checkbox"/> = <input type="checkbox"/>		
Multiple Dependent claims:	<input type="checkbox"/> = <input type="checkbox"/>		

** or number previously paid, if greater; For Reissues, see below

Fee Description

Claims in excess of 20 (\$50 per claim)

Independent claims in excess of 3 (\$200 per claim)

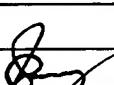
Multiple dependent claim, if not paid (\$360)

**Reissue: each independent claim over 3 and more than in the original patent (\$200 per claim)

**Reissue claims: each claim over 20 and more than original patent (\$50 per claim)

SUBTOTAL (4) (\$0)

SUBTOTAL(5) (\$620)

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	S. Robert Chuey	Registration No. (Attorney/Agent)	39,140	Telephone (513) 634-0102
Signature				Date June 20, 2005

+ This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

FeeTrans doc (Revised for P&G use 4/12/2005)